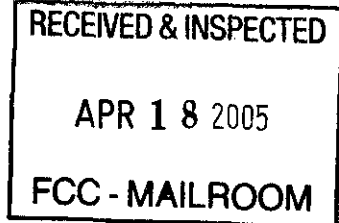




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**National Organization of State Offices of Rural Health**

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April 8, 2005



ORIGINAL

Mr. Kevin J. Martin  
Chairman  
Federal Communications Commission  
445 12<sup>th</sup> Street, NW  
Washington, DC 20554

Re: FCC Docket 2-60 *02-60*

Dear Chairman Martin:

The National Organization of State Offices of Rural Health (NOSORH) is a non-profit organization that represents state offices of rural health in all 50 states. Our purpose is to work toward ensuring access to health care in rural American. Our organization is composed of directors of SORHs in each state, and their various staff members.

We have long recognized the importance of the rural health discount program and its ability to make health care more accessible to rural populations that otherwise would not have the ability to receive care. Specialty care in rural and remote communities is particularly difficult to access, and we are pleased that the USAC rural health discount program has contributed to increasing access to telemedicine specialty services in many rural areas. To this end, we are submitting the following comments.

Internet Service

The FCC should increase the discount for Internet services to rural health providers to at least 75 percent of costs. Further, the FCC should allow the discount program to be used to cover the costs of building intranet infrastructures that will allow clinical staff members of rural hospitals to have access to the Internet for medical information retrieval purposes.

Rationale: To date the Internet discount for rural health providers has not been adequately used by the target group. We believe the lack of use is due to the minimal discount amount that the current policy allows. Further, we believe that a 75 percent discount will by no means "dry up" the \$400 million authorized for this program.

While many small rural hospitals now have Internet access, much of that access is available to administrative staff and is limited to administrative offices. These facilities

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often lack the internal infrastructure necessary to connect clinical staff workstations to the Internet to gain access to medical information retrieval sources.

### Support for Mobile Rural Health Providers

We recommend that the reimbursement policy be 100 percent of the cost of the difference between dial-up Internet service and the highest speed Internet service in order to encourage rural health providers to use this technology.

We further recommend that the reimbursement allow for the purchase of the technology hardware that will equip mobile vehicles in order that they might provide telemedicine services.

We further recommend that the discount be allowed for mobile vehicles that have access to broadband services through connection points that might be installed in a permanent facility, allowing for the mobile health vehicle to connect to the broadband point of entry while the vehicle is stationary. Formal memoranda of agreements could be required as evidence of collaboration for providing health services and gaining access to the discount program.

Rationale: Mobile health vehicles that are operating in rural areas most often do not generate adequate revenues to allow them to invest in the installation of telemedicine technology that will allow them to use the discount in the first place. While the discount is important, it is useless to many mobile health clinics that do not have the capacity to purchase the hardware and software necessary to provide care using satellite technology. Some mobile health vehicles have service agreements with social service agencies in rural areas that have broadband access. These agreements permit the vehicles to be stationary on the building campus during the period of time that health care is provided. Often the collaborating agency does not have broadband access, nor is eligible to receive the universal service discount as it is theoretically not a health care provider. But if a broadband service were installed with the specific intent of providing mobile health services, the discount could be provided proportionately for the health services provided.

### Infrastructure

We recommend that the FCC allow the rural health discount program to be used to support the costs related to "last mile" access for rural communities. We further recommend that the FCC recommend that Congress allow the rural discount program to be used to support the costs of the original infrastructure technology investment necessary to provide care through telemedicine.

Rationale: The last mile remains a barrier for rural providers' ability to provide telemedicine. It is important that the installation and ongoing operations related to broadband delivery be supported. Many telecommunications companies currently are unable to provide broadband services to remote communities, particularly in tribal lands.

The absence of this technology precludes access to specialty care for many rural Americans.

Furthermore, given the current national priority emphasized by the President of the United States to support the development of a national electronic health record system (EHRs), these small hospitals will need support to create the systems.

The importance of being able to use the rural health discount program to support "start-up" costs of telemedicine technology cannot be underestimated. For the most part, rural Americans do not have access to the benefits of specialty care made possible through the wonders of modern telemedicine technology. Those that are lucky enough to have the technology available to them have it largely because the health providers have been successful in receiving federal or state grants. But they are in the minority.

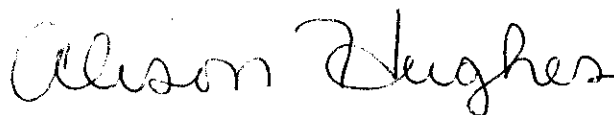
As the nation moves into a state of "preparedness" given the threat of bioterrorism, it is critical that rural America increase its capacity to build infrastructures, invest in technology, and receive support for the ongoing costs of the telecommunications systems. As technology infrastructures become increasingly more sophisticated, and as we face challenges such as how to build interoperability into networked systems of care that span rural and urban areas, while at the same time allowing for regional protections, we ask the FCC to consider how the rural health discount program can be used to ensure that rural Americans have equal access to the type of services enjoyed by our urban residents.

Finally, we respectfully ask the Federal Communications Commission to use the rulemaking system as much as possible to support the rural infrastructure build-up. And where it cannot be done by rulemaking, we ask that you advocate for our cause in Congress.

Sincerely,



Heather Reed  
President



Alison Hughes  
Telecommunications Committee Chair